Martin O'Malley
Governor

Anthony G. Brown
Lt. Governor

Gloria Lawlah
Secretary

MARYLAND
DEPARTMENT OF AGING
Choice, Independence and Dignity for Older Marylanders

Memorandum

To: Medicaid Waiver Personal Care Agencies

From: Jane Wessely, Chief
Division of Waiver Programs, DHMH

Warren Sraver, Program Administrator
Waiver for Older Adults, MDoA

Date: October 18, 2011

Re: Policy Change: Monthly Employee List

Effective December 1, 2011, all personal care agency providers participating in the Medicaid Waiver for Older Adults program are required to submit a current employee list by the first business day of each month to the Maryland Department of Aging (MDoA), using the monthly employee list form (see attached). The monthly employee list should include the names of all employees who provided services for Waiver for Older Adults participants in the previous month. This includes the active and back up nurse monitor/s and personal care aide/s. If your agency is not providing services to Waiver participants at this time, please list the employees that would be used for services to Waiver clients should your agency receive a referral. You can use the copy of the form provided with this policy or download the digital form from MDoA website at: http://www.aging.maryland.gov

Submit the form by fax to: 410-333-5071 or mail it to:

Waiver Quality Assurance
Maryland Department of Aging
301 West Preston Street, Suite 1007
Baltimore, MD 21201

The list should be reviewed and updated every month to: remove the names of employees no longer employed, or no longer qualified to serve the waiver participants; and to add the new employees.

Failure to submit the list by the 5th business day of the month is considered an occurrence of non-compliance with the policy. The following actions will be taken should there be any non-compliant occurrence/s:

a. First Occurrence: payments for services will be held until the list is received. Provider will not be paid for services during the period between the first business day of the month and the date the list is received by MDoA.

b. Second Occurrence (Two consecutive months of occurrences of non-compliance or two occurrences in a 12 month period): Claims will not be paid for every month within the period of non-compliance.

c. Third Occurrence (Three consecutive months of non-compliance or three monthly occurrences of non-compliance in a twelve month period): Claims will not be paid for services rendered during the period of non-compliance and will result in the disenrollment of the noncompliant agency from the Medicaid Waiver for Older Adults.

Please note, submitting the monthly employee list is more than a paper work requirement. Qualified and credentialed nurses and personal care aides are essential in providing high quality care. In overseeing and operating the Medicaid Waiver for Older Adults, MDoA and the Department of Health and Mental Hygiene must assure the federal Centers for Medicare and Medicaid Services (CMS) that all waiver providers and employees meet required qualifications on an on-going basis. Your cooperation in submitting your monthly employee list is essential to this effort.

You may contact Maryam Baharloo at 410-767-1082 if you have questions regarding this policy. Thank you.

Personal Care Agency – Monthly Employee Report
Maryland Department of Aging
Medicaid Waiver for Older Adults

Name of Personal Care Agency:
Currently Providing Services to Waiver for Older Adults Clients? ☐Yes ☐No

Name of Employee	Date of Hire (MM/DD/YYYY)	Credentials/Certificates **Types:** CNA, Med Tech, CMA, LPN or RN **Indicate Expiration Date** (MM/DD/YYYY)		First Aid Expiration (MM/DD/YYYY)	CPR Expiration (MM/DD/YYYY)	Obtained CJIS with Employing Agency Name	Clean Criminal History Report
	/ /	Type: / /	Type: / /	/ /	/ /	☐Yes ☐No	☐Yes ☐No
	/ /	Type: / /	Type: / /	/ /	/ /	☐Yes ☐No	☐Yes ☐No
	/ /	Type: / /	Type: / /	/ /	/ /	☐Yes ☐No	☐Yes ☐No
	/ /	Type: / /	Type: / /	/ /	/ /	☐Yes ☐No	☐Yes ☐No
	/ /	Type: / /	Type: / /	/ /	/ /	☐Yes ☐No	☐Yes ☐No
	/ /	Type: / /	Type: / /	/ /	/ /	☐Yes ☐No	☐Yes ☐No
	/ /	Type: / /	Type: / /	/ /	/ /	☐Yes ☐No	☐Yes ☐No
	/ /	Type: / /	Type: / /	/ /	/ /	☐Yes ☐No	☐Yes ☐No
	/ /	Type: / /	Type: / /	/ /	/ /	☐Yes ☐No	☐Yes ☐No
	/ /	Type: / /	Type: / /	/ /	/ /	☐Yes ☐No	☐Yes ☐No
	/ /	Type: / /	Type: / /	/ /	/ /	☐Yes ☐No	☐Yes ☐No
	/ /	Type: / /	Type: / /	/ /	/ /	☐Yes ☐No	☐Yes ☐No

☐ I certify, under penalty of perjury, that this agency has obtained all required certifications, Criminal Justice Information Systems (CJIS) background reports, documentation of successful completion of First Aid and CPR training, and other applicable documents necessary for each employee listed above **prior to providing services in a Waiver for Older Adults participant's home.**

Authorized Signature: ______________________ Printed Name: Report Month/Year:
Date: / / Position/Title: